

Enrollment Form

Please complete the survey below.

Thank you!

Select a language

- Select a language
- ☐ English
☐ Español
☐ Français

Let's customize your experience

- This application requires you to read text to answer questions. Do you have any vision-related requirements we can assist with?
- ☐ Yes
☐ No

- Yes, I would like to use some of the accessibility features of the app
- ☐ I would like to change the font size
☐ I would like to change the font color (high contrast mode)
☐ I would like to use a screen reader
☐ I would like a person to read the text to me

- This application may present some sound files for you to listen to. Do you have any hearing-related requirements we can assist with?
- ☐ Yes
☐ No

- Yes, I would like to use some of the accessibility features of the app
- ☐ I would like to turn up the volume
☐ I would like to turn on closed captions
☐ I would like to use haptic feedback (vibrations) instead of audio cues

- This application requires you to navigate through the questions using a touch screen. Do you have any physical challenges we can accomodate?
- ☐ Yes
☐ No

- Yes, I would like to use some of the accessibility features of the app
- ☐ I would like to increase the size of the buttons
☐ I have an alternative keyboard I'd like to connect instead
☐ I would like to navigate the survey using voice commands instead of the touch screen

- This application requires you to read text, answer questions, and follow directions. Do you have any cognitive challenges, including difficulty reading, that we can assist with?
- ☐ Yes
☐ No

- Yes, I would like to use some of the accessibility features of the app
- ☐ I would like the questions to be read to me using text-to-speech
☐ I would like a person to read the text to me
☐ I would like to speak my answers instead of typing them

Who is participating in completing this survey?

Check all that apply

☐ Self

☐ Assistant

☐ Parent/Caregiver

Tell us about yourself

What is your primary language?

☐ English

☐ French

☐ Spanish

☐ Other (Please specify below)

If primary language is "other", please specify:

Do you speak any additional language(s) fluently (similar to a native speaker)?

☐ None

☐ English

☐ French

☐ Spanish

☐ Other (please specify below)

If you speak any other languages fluently, please specify:

What is your date of birth?

Do you have any of these conditions, diagnosed by a clinician?
(Check all that apply if you currently have the condition)

Voice Disorders

	Unchecked	Checked
Laryngeal cancer	<input type="radio"/>	<input type="radio"/>
Lesions of the vocal cord (nodule, polyp, cyst)	<input type="radio"/>	<input type="radio"/>
Recurrent laryngeal papilloma (RRP)	<input type="radio"/>	<input type="radio"/>
Spasmodic dysphonia / Laryngeal Tremor	<input type="radio"/>	<input type="radio"/>
Vocal fold paralysis	<input type="radio"/>	<input type="radio"/>

Neurological and Neurodegenerative Disorders

	Unchecked	Checked
Alzheimer's, dementia, or mild cognitive impairment	<input type="radio"/>	<input type="radio"/>
Amyotrophic Lateral Sclerosis (ALS)	<input type="radio"/>	<input type="radio"/>
Parkinson's disease	<input type="radio"/>	<input type="radio"/>

Mood and Psychiatric Disorders

	Unchecked	Checked
Alcohol or Substance Use Disorder	<input type="radio"/>	<input type="radio"/>
Anxiety disorder	<input type="radio"/>	<input type="radio"/>
Attention-Deficit / Hyperactivity Disorder (ADHD)	<input type="radio"/>	<input type="radio"/>
Autism Spectrum Disorder (ASD)	<input type="radio"/>	<input type="radio"/>
Bipolar Disorder	<input type="radio"/>	<input type="radio"/>
Borderline Personality Disorder (BPD)	<input type="radio"/>	<input type="radio"/>
Depression or Major Depressive Disorder	<input type="radio"/>	<input type="radio"/>
Eating Disorder (ED)	<input type="radio"/>	<input type="radio"/>
Insomnia / sleep disorder	<input type="radio"/>	<input type="radio"/>
Obsessive-Compulsive Disorder (OCD)	<input type="radio"/>	<input type="radio"/>
Panic Disorder	<input type="radio"/>	<input type="radio"/>
Post-Traumatic Stress Disorder (PTSD)	<input type="radio"/>	<input type="radio"/>
Schizophrenia	<input type="radio"/>	<input type="radio"/>
Social Anxiety Disorder	<input type="radio"/>	<input type="radio"/>
Other psychiatric disorder	<input type="radio"/>	<input type="radio"/>

Respiratory disorders

	Unchecked	Checked
Asthma	<input type="radio"/>	<input type="radio"/>
Airway stenosis (for example: subglottic stenosis; laryngeal stenosis)	<input type="radio"/>	<input type="radio"/>
Chronic Cough	<input type="radio"/>	<input type="radio"/>
COPD	<input type="radio"/>	<input type="radio"/>
Obstructive Sleep Apnea (OSA)	<input type="radio"/>	<input type="radio"/>

Pediatric disorders

	Unchecked	Checked
Autism Spectrum Disorder (ASD)	<input type="radio"/>	<input type="radio"/>
Speech Delay	<input type="radio"/>	<input type="radio"/>

Eligible Studies

Eligible Studies

☐ Voice Disorders
☐ Neurological and Neurodegenerative Disorders
☐ Mood and Psychiatric Disorders
☐ Respiratory Disorders
☐ Pediatric Disorders

How did you learn about this study?

How did you learn about this study?

☐ Through my physician/provider
☐ A flyer
☐ Social Media
☐ Bridge2AI Website
☐ At an event
☐ Other

If "At an event", please specify:

If "Other", please specify:

Contact Information

First Name

Last Name

Phone Number

(###-###-####)

Email

I want my contact information to be kept in a repository for this study which can be used to contact me to ask me to enroll in further studies or return important results.

☐ Yes
☐ No

My information will not be shared with third parties.

Review and Enroll:

Please review your answers reading all the way through the bottom and select an option.

☐ Enroll

☐ Decline

If you have any questions, you can still proceed with enrollment and ask or make changes at a later time.

Please select a reason for declining

☐ I am not interested in having my voice recorded

☐ I do not have enough time today and want to be contacted later

☐ I do not have enough time and do not want to be contacted later

☐ I prefer not to share any health information for research

☐ Other (Please specify)

If "Other" reason for declining enrollment, please specify:

Enrollment Institution

☐ BCH

☐ MIT

☐ Mt. Sinai

☐ USF

☐ VUMC

☐ WCM

Researcher Email

Enrollment Origin

☐ Bridge2AI App

☐ Bridge2AI Enrollment Website

Enrollment Form - Metadata

Enrollment Form Started At

Enrollment Form Completed At

Enrollment Form Duration (seconds)